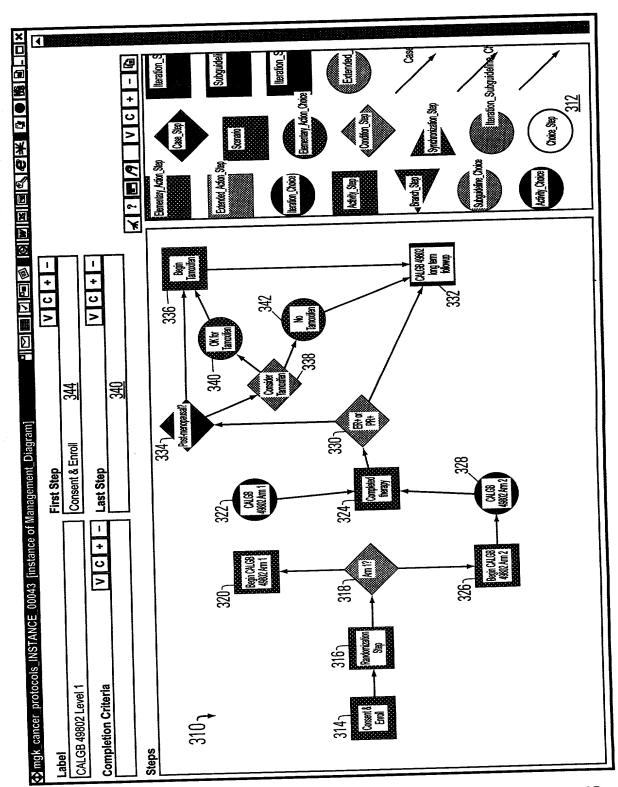


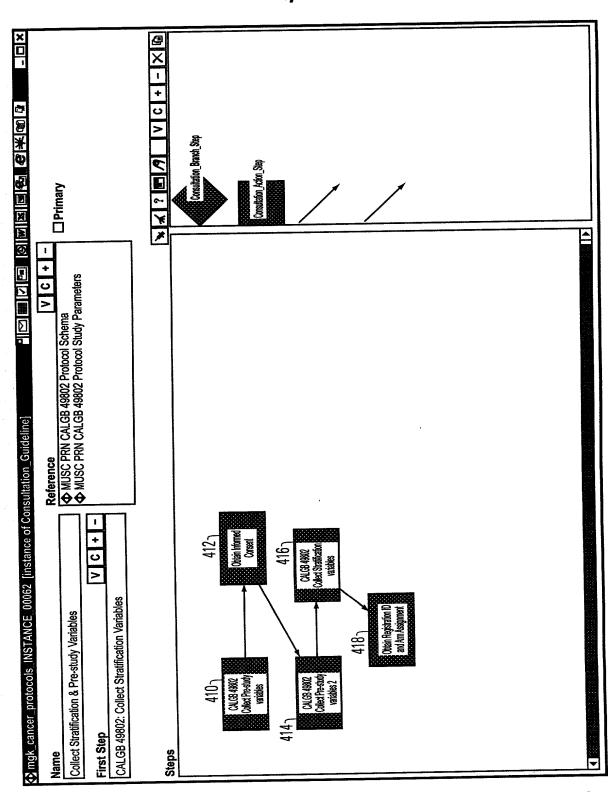
FIG. 1

2/40

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Label	Version	
CALGB 49802	mgk	
Title	Authors	- O ^
Phase III Study of Adriamycin/Taxotere vs Adriamycin/Cytoxan for the Adjuvant treatment of Node Positive or High Risk Node Negative Breast Cancer	M.G. Public	
	Reference V C	+
Clinical Algorithm V C + - CALGB 49802 Level 1	◆MUSC PRN web page	
Context Reference V C + -	<b></b>	
Entry Criteria (1 values)	7	- + C + - M
Protocol Name		Inclusion List
CALGB 49802		Histologically or cytologically confirmed invasive breast cancer
Clinical State Name		♦ 1-3 instrugueary involved axiliary lymph modes ♦ No evidence of metastatic disease (M0) ♦ Absolute neutrophil count of at least 1.500/mm3
		◆ Platelet count of at least 100,000/mm3 ◆ Left ventricular ejection fraction at rest at least 45% by MUGA
Exclusion List  Tumor of any size with direct extension to Patient is pregnant or nursing	irect extension to chest wall or skin (T4)	<ul> <li>◆ Bilirubin no greater than 1.2 times upper limit of normal (ULN)</li> <li>◆ Age 18-70</li> <li>◆ Effective contraception required of fertile women</li> <li>◆ No prior chemotherapy</li> </ul>
	217	♦No prior radiotherapy ♦No concurrent estrogen therapy

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mgk_cancer_p	rotocols_INSTANCE_000	63 [instance of Consultation_Act 🗖 🗙
Label	mgk_can	cer_protocols_INSTANCE_00063 [instance of Consu
CALGB 49802: C	ollect Stratification Variabl	<ul> <li>◆ Evaluate lymph node status</li> <li>◆ Evaluate menopausal status</li> </ul>
Followed By	V C + -	Evaluate metropausal status     Evaluate estrogen receptor status     Evaluate progesterone receptor status
Rule In	V C + -	References V C + -
Rule Out	V C + -	

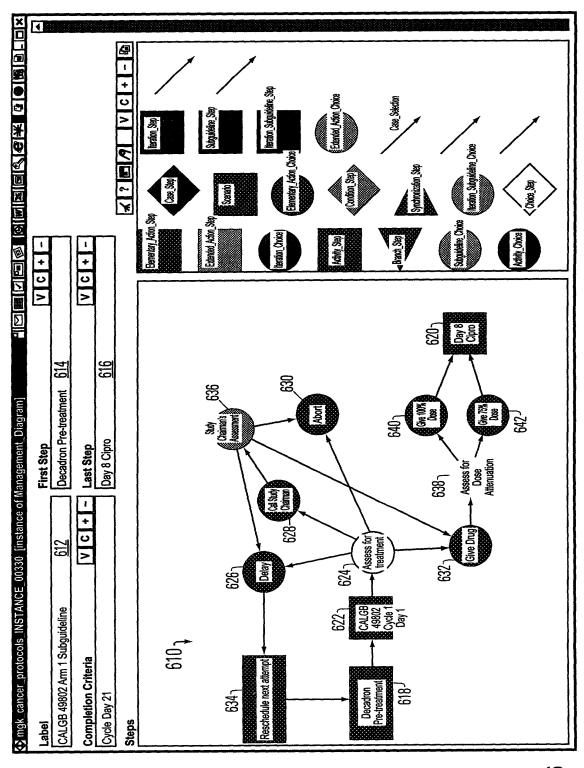
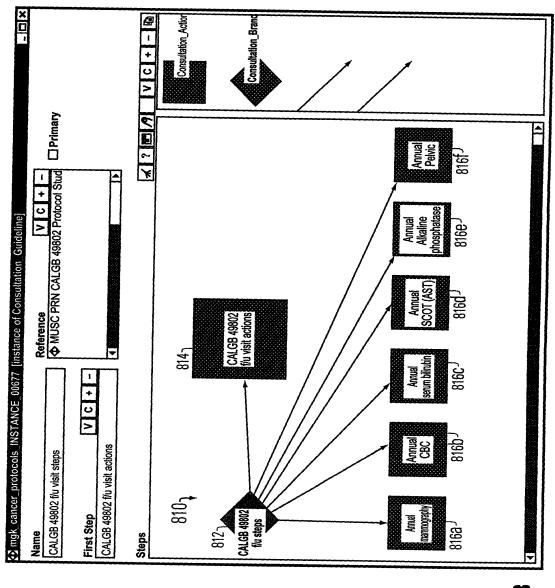


FIG. 6

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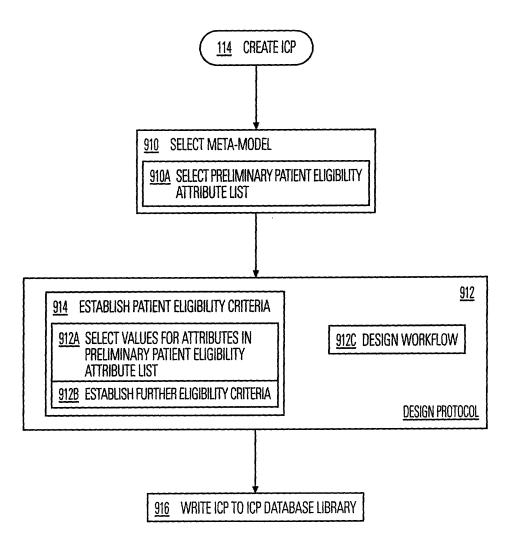


FIG. 9

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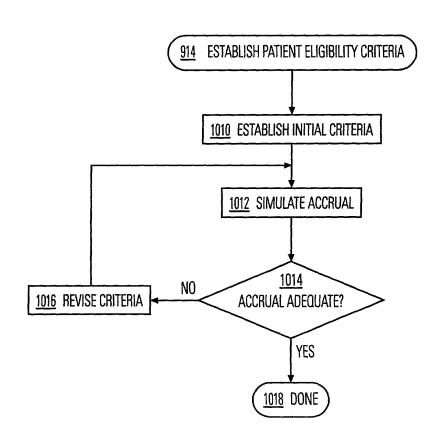


FIG. 10

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Inventors: Michael G. Kahn et al.
Title: Tiimeline Forecasting for Clinical Trials
Application No. 09/970,182
Attorney Docket No. FSTK 1002-0US

11/40

₩ FastTrack Protocol Protégé-2000 [C:\My Do	[C:IMy Documents\Latest FastTrack RDF + CALGB 9840\FastTrack Protocol.ppri]
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Relationship: Subclass ✓ V C X	© Protocol (instance of rdfs:Class)
φ-@:THING <sup>A</sup>	Name Constraints V C + - Documentation
P @ :SYSTEM-CLASS*	Protocol The document that describes the
● (© Diagram_Enuty — (© Date	objective(s), design, methodology,
ProtocolElementA 1112	Role organization of a trial. The protocol also
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©Visit———1128 ©VisitToVisitTransition <sup>M</sup>	Single
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	Rdfs:seeAlso V C + -
	Resource Uri 66 室 V + -

FIG. 11

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12/40

ProtocolTitle		Version	[
A Phase III Study of Paclit	axel via Weekly 1-Hour Infusion v	Update #1	
Protocolldentifier		VersionDate	
CALGB 9840		December 15	
OfficialSourceDocumer	nt		
http://pm.musc.edu/resea	rch/protocol/deptmed/divhonc/br		V C + -
ShortDescription		CALGB 9840 Eligibility Criteria 1212	
CALGB 9840			
StudyChair			
Andrew D. Seidman, M.D.		1	
Sponsor CALGB		LongDescription	
QuickScreenCriterion			
Breast Cancer	▼		
ProtocolObjectives To compare "standard" (S) 3-hour infusion every 3 we	paclitaxel at 175 mg/m2 via eks to "dose-dense" (DD)		
paclitaxel at 80 mg/m2 via	1-hour infusion every week		
TrialStatus	AccrualStatus	FirstVisit Screening Visit	V C + -
Active	Open for accrual	<u> </u>	
TrialPhase	TrialType	ProtocolSchemaDiagram	V C + -
Phase III	Cooperative-group	CALGB 9840 Schema	<u>1214</u>

## 13/40

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iG. 13

արտարարությանը արդարարությանը հայտարարարի դերերությանը անդարդարի անդարդարությանը հայտարարարարարարարարարարարար

FastTrack Protocol_INSTANCE_00074 [instance of Eligibi	lyCriteriaSet]	_ 🗆 ×
ShortDescription	LongDescription	
CALGB 9840 Eligibility Criteria		
InclusionCriteria V C + -		
<ul> <li>◆Female</li> <li>◆Breast adenocarcinoma that is inoperable, recurrent, or metastatic</li> <li>◆More than 4 weeks since last chemotherapy</li> <li>◆More than 6 weeks since treatment with nitrosureas, melphalan, o</li> <li>◆More than 4 weeks since last hormonal therapy OR tumor measur</li> <li>◆Age &gt;= 18</li> </ul>		
Measurable disease  → Granulocytes >= 1,500 / ul  → Platelet count >= 100,000 / ul  → Creatinine <= 2.0 mg/dl  → Bilirubin within institutional normal limits		
◆SGOT (AST) <= 3X upper limits of normal ◆Greater than 2 weeks from prior surgery    ►   V C + -		
More than 1 prior chemotherapy regimens for metastatic or locally     CNS metastases if untreated or symptomatic—1510     Prior taxane for metastic or locally-advanced breast cancer     Prior taxane in adjuvant setting where patient remained disease frequency taxane in adjuvant setting where patient remained disease frequency.	SiteLongDescription	
	SiteShortDescription	
	Rdfs:isDefinedBy V C	1-
<b>4</b>	Rdfs:seeAlso V C	+-
Resource Uri 66 2 V + -		

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FastTrack Protocol INSTANCE\_00073 [instance of EligibilityCriterion]

CNS metastases if untreated or symptomatic

166

LongDescription

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ShortDescription

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SiteLongDescription

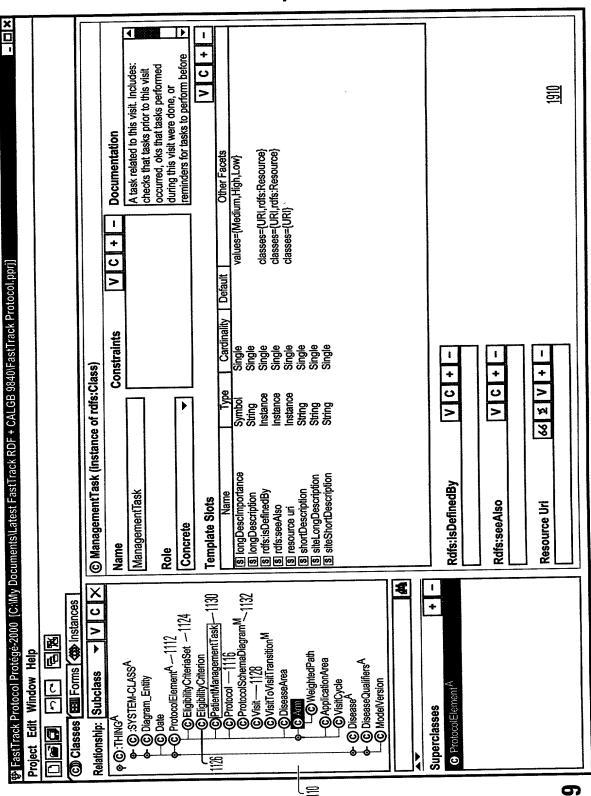
17/40

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	O Date of The Part	ole
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	<b>©</b> ProtocolElement <sup>A</sup>	Rdfs:isDefinedBy V C + -
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<u> </u>		

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← FastTrack Protocol_INSTANCE_00014 [instance of Visit]  ← FastTrack Protocol_INSTANCE_00014 [instance	
ShortDescription	Possible Visit Transitions
Arm A Treatment Visit	
	1810
DataManagementTasks V C + -	PatientManagementTasks V C + -
◆ Submit Form C-116 — ♦ Submit Form C-118 1818 ♦ Submit Form C-344 + Form C-080 (*) ♦ Submit Form C-344 + Form C-080 (*)	Confirm granuciocytes 7= 1300 / us  Confirm to G-CSF given in past 24 hours  Give Dexamethosone 10 mg IV, 30 minutes  Give Diphenhydramine 50 mg IV, 30 minutes
♦ Submit Form C-113 (*) ♦ Submit Form C-260 (*) ♦ Submit Form C-260 (*)	
1814	♦ Schedule next visit
LongDescription  Arm A of the CALG 9840 consists of treatment with Paclitaxel 175 mg/m2 administered as a 3 hour infusion intravenously every three weeks. One cycle is equivalent to one infusion. Treatment cycles will be repeated every 21 days as long as the patient has stable or responding disease. Granuclocyte count must be >= 1500/ul and platelet count must be >= 100,000 / ul on day 1 of each cycle. Patients should receive a minimum of two cycles of therapy, unless there is rapid disease progression (>50% increase in product of bi-dimensions measurements).	consists of treatment with Paclitaxel 175 mg/m2 administered as a 3 hour infusion intravenously every three alent to one infusion. Treatment cycles will be repeated every 21 days as long as the patient has stable or uclocyte count must be >= 1500/ul and platelet count must be a latelet count must be a l
SiteLongDescription	
SivehartDescription	
	<b>&gt;</b>

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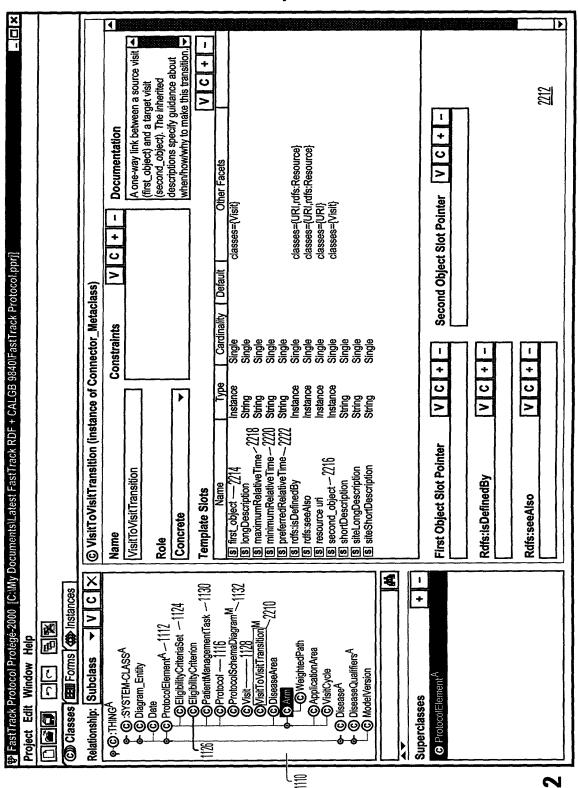
**36.1**6

🐼 FastTrack Protocol_INSTANCE_00206 [instance of ManagementTask]	<u> </u>
ShortDescription	₹
Give Arm A Paclitaxel treatment	
LongDescription	
Give Paclitaxel 175 mg/m2 IV, 3hours. This treatment is given to patients in Arm A of the CALGB 9840 protocol. It is given once every 3 weeks. One cycle is equivalent to one infusion. Granuclocyte count must be >= 1500/ul and platelet count must be >= 100,000 / ul on day 1 of each cycle in order to proceed with the Paclitaxel infusion. Patients must receive the pre-medication prior to Paclitaxel infusion. If either the granulocyte or platelet count are not adequate, do not continue with treatment. Patients should receive a minimum of 2 cycles unless there is rapid disease progression.	<b>→</b>
Expected toxicities:	
Dose Modifications:	
	I I
SiteLongDescription	
	2

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FastTrack Protocol_INSTANCE_00196 [instance of ManagementTask]	×
ShortDescription	
Submit Form C-116	
LongDescription	
Submit CALGB Advanced Breast Cancer Followup-form (C-116) every two cycles while on protocol therapy, at 6 & 12 months after end of treatment, at disease progression or initiation of non-protocol therapy.	
SiteLongDescription	
SiteShortDescription	
	J

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FastTrack Protocol_ ShortDescription		PrefrerredRelativeTime
Arm A Treatment to Arm	A Treatment Retry #	7
First Object	V C + -	MaximumRelativeTime
Arm A Treatment Visit		7
Second Object	V C + -	MinimumRelativeTime
Arm A Treatment Retry #	1	7
lif either granulocyte or	platelet count are n	ot adequate, blood counts should be
repeated weekly and tr	eatment should be it iving G-CSF are no	ot adequate, blood counts should be instituted when there has been hematologic teligible for re-treatment unless they have s.
repeated weekly and trecovery. Patients rece	eatment should be it iving G-CSF are no	instituted when there has been hematologic t eligible for re-treatment unless they have
repeated weekly and tr recovery. Patients rece been off G-CSF for a m	eatment should be it iving G-CSF are no	instituted when there has been hematologic teligible for re-treatment unless they have s.   ☑ IsPreferredTransition ←
repeated weekly and tr recovery. Patients rece been off G-CSF for a m	eatment should be it iving G-CSF are no	instituted when there has been hematologic t eligible for re-treatment unless they have s.

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CD Classes (EED) Forms (AD) Instances		
Relationship: Subclass ▼ V C X	© ProtocolSchemaDiagram (instance of Network_Metaclass)	
P. G. THINGA	Name Constraints V C + - Docum	Documentation ▲
P- © SYSTEM-CLASS.	ProtocolSchemaDiagram The Prot	The ProtocolSchemaDiagram is the
-0 Date 4 1113	Part of the part o	part of the protocol which details the design of the trial. A protocol
OProtocolEjement? — 1112 — EligibilityCriteriaSet — 1124	crete	schema's first visit is always at least one screening visit, which is assumed ▼
Comparison	Template Slots	V C + -
	Type   Cardinality   Default	acets
©ProtocolSchemaDlagram 1132	S connectors — 2410 Instance Multiple classes={VisitToVisitTransition}   S diagramNodes	insition)
©VisitToVisitTransitionM 7/10	last_divider_location 2112 Integer Single	
© DiseaseArea	String	<b>~</b>
— © WeightedPath	main_panel_height	
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◆ ⑥ DiseaseQualifiersA	shortDescription	
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Superclasses + -		
<b>⊙</b> ProtocolElement <sup>A</sup>	Node Slot V C + -	
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	Rdfs:seeAlso V C + -	
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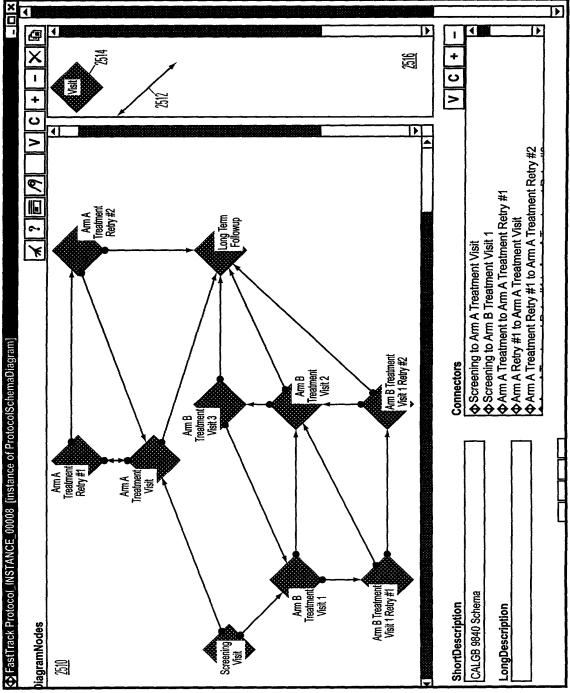


FIG. 25

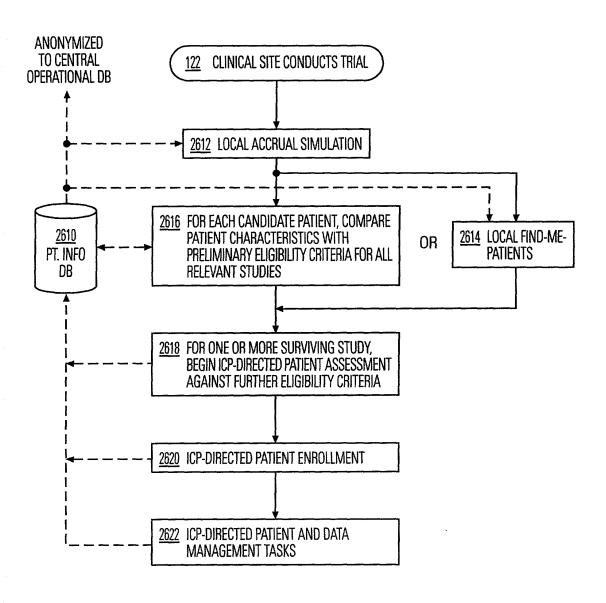
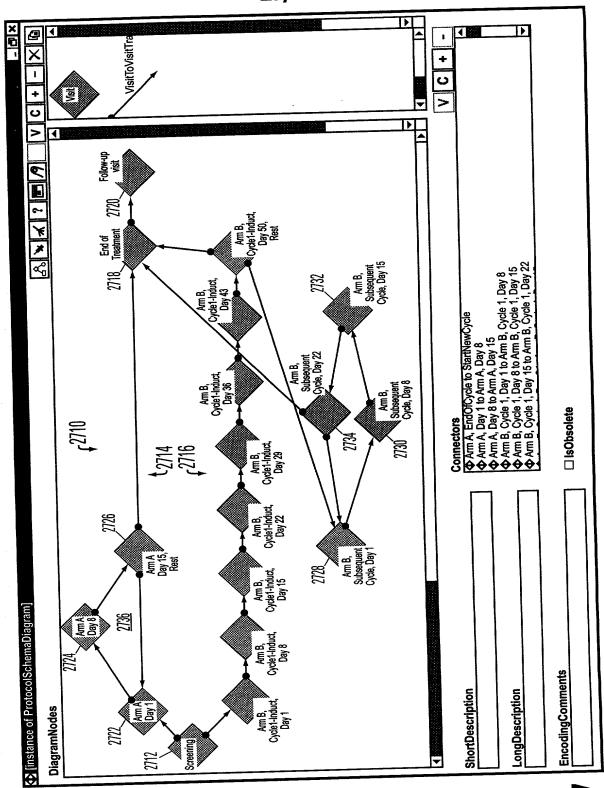
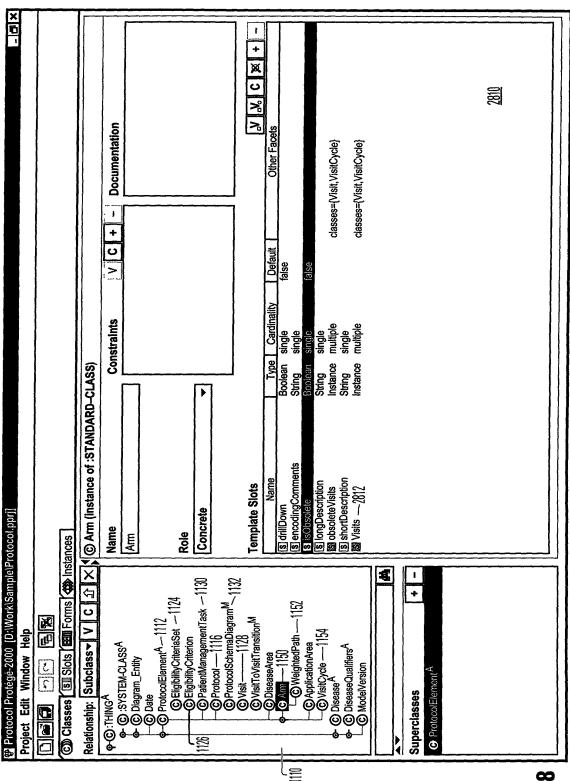


FIG. 26

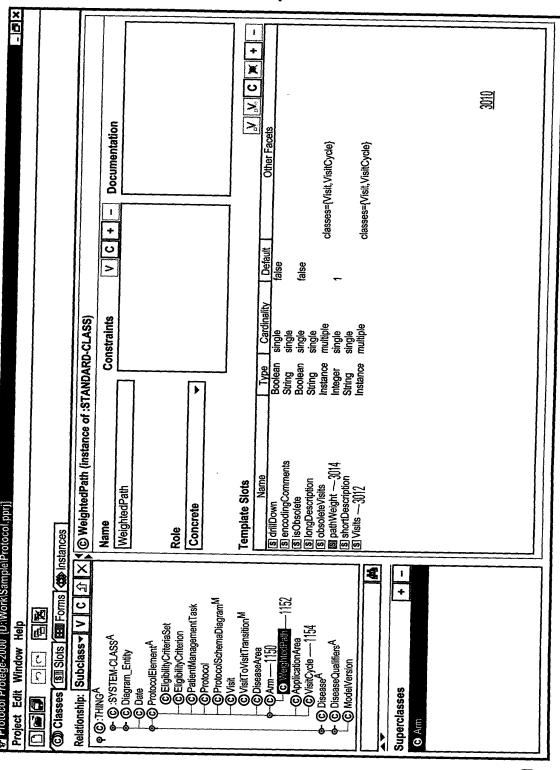


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♠ [instance of Arm]	- D ×
ShortDescription Arm A2710	EncodingComments Editorial change
LongDescription Arm A: Gemcitabine and Irinotecan HCI (CPT-11)	
Visits  V C + −  Screening ←2712  Arm A, Day 1 ←2722  Arm A, Day 8 ←2724  Arm A, Day 15, Rest ←2726  End of Treatment ←2718  Follow-up Visit ←2720	ObsoleteVisits V C + -
☐ IsObsolete ☐ DrillDown	

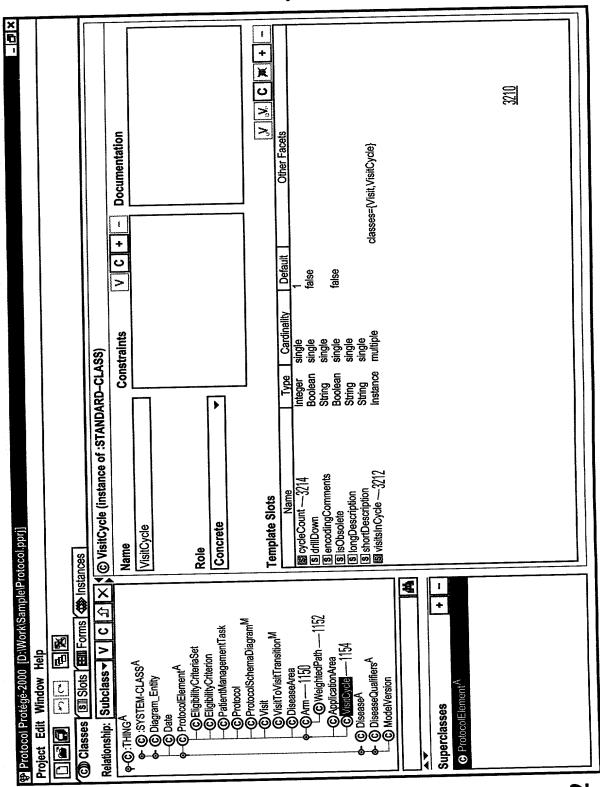
30/40



31/40

**←**3110

ShortDescription	Visits V C + -
Arm A Path	Φ Screening 2712
LongDescription	◆ Arm A Cycle — 2736 ◆ End of Treatment — 2718 ◆ Follow-up cycle — 2720
EncodingComments	PathWeight
	1
☐ IsObsolete ☐ DrillDown	



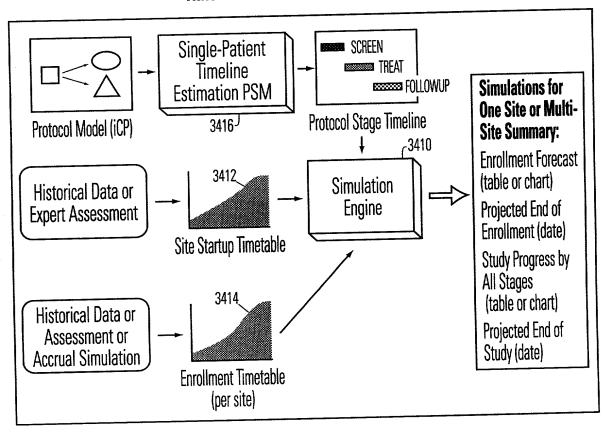
33/40

€ 2736

[instance of VisitCycle]	_
ShortDescription	VisitsInCycle V C + -
Arm A Cycle	<ul> <li>◆ Arm A, Day 1 ← 2722</li> <li>◆ Arm A, Day 8 ← 2724</li> <li>◆ Arm A, Day 15, Rest ← 2726</li> </ul>
LongDescription	
EncodingComments	CycleCount 3
☐ DrillDown ☐ IsObsolete	

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#### **Timeline Simulation Process Flow**



**FIG. 34** 

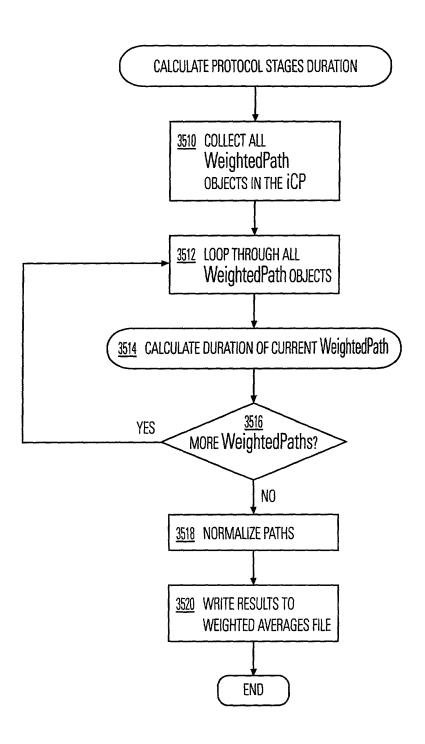
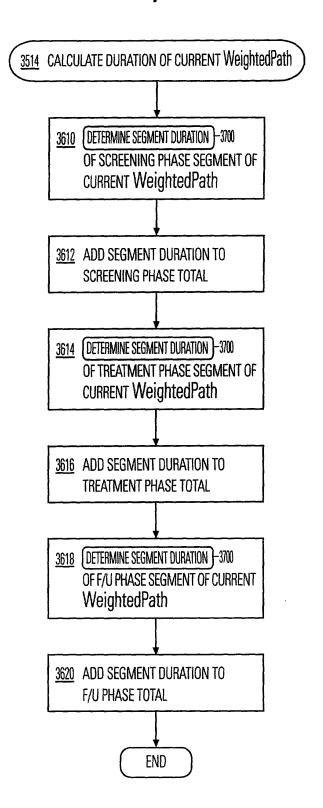


FIG. 35



**FIG. 36** 

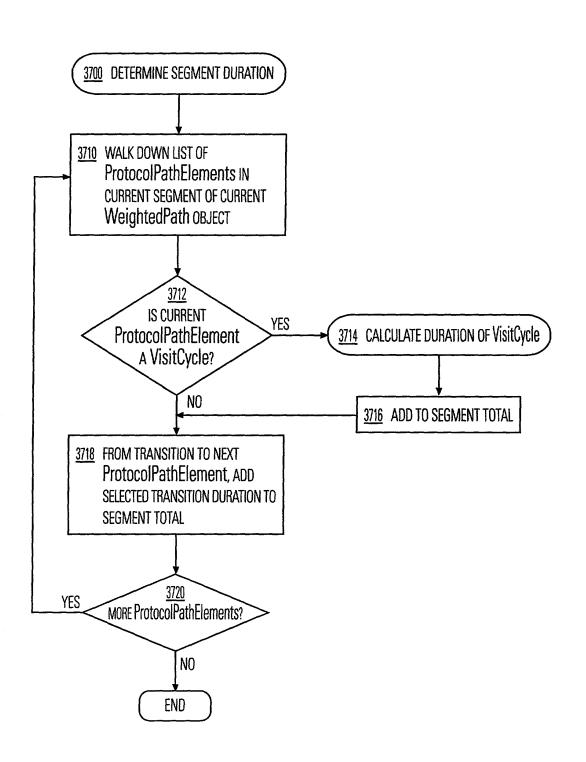
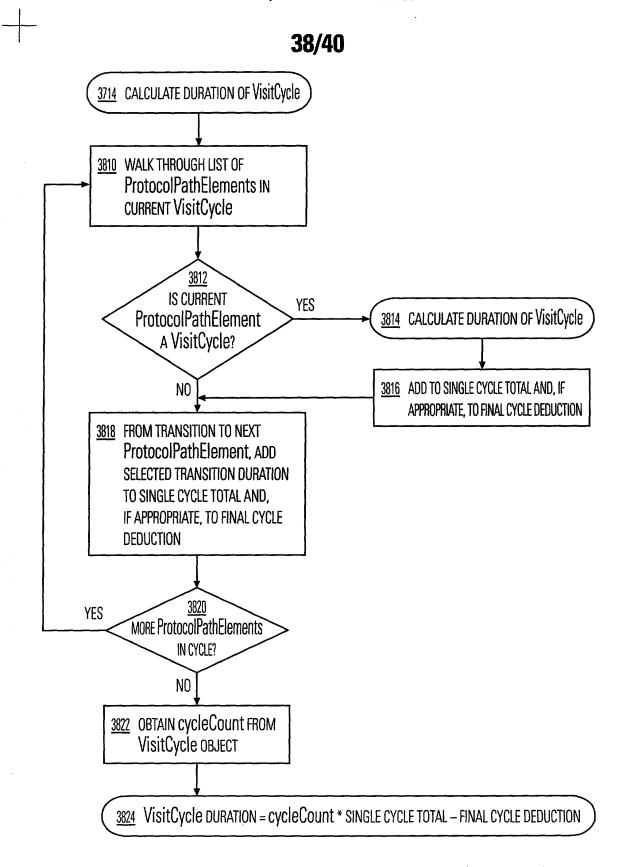


FIG. 37



**FIG. 38** 

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Treatment phase

Follow up phase

Screening duration = 7 + 7 = 14Treatment = 3\*(1+1+1)-1+7+7=22Follow up = 30

Expansion of VisitCycles

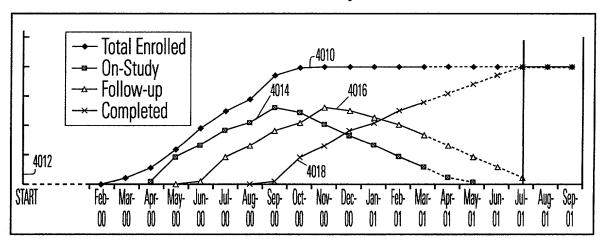
Screening phase

3910 Screening 7 Visit-1	3912 7 Screening 7 Visit 2	Treatme Repetit	-3914 nt Cycle 7 ions: 3	3916  End Of  Treatment  Visit	-3918 up Cycle tions: 2
ProtocolPathElements: Visits: diamonds VisitCycles: rectangles				AI2II	

FIG. 39

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### **Forecast Trial Completion**



The last patient should complete follow-up in July 2001